may be plump, but is very feeble. The blood shows no changes but those of simple anæmia, and there is little or no enlargement of the lymphatic glands. The splenic enlargement is easily recognized; it may be enormous, so that the organ may extend forward beyond the umbilicus, and downward as far as the anterior superior iliac spine. It moves freely on respiration, is smooth on the surface, and is not tender to palpation.

The cells are greatly reduced in number, but retain their relative proportion to each other. The number of red cells may fall as low as 40 per cent. of the normal; if below this figure the result is almost invariably fatal. The red cells retain their normal amount of hæmoglobin, though some maintain that this is reduced as in chlorosis. Nucleated red cells and megalocytes are often present in small numbers, but the eosinophiles do not vary. If there is any increase in the number of white cells it affects only the lymphocytes, and this stands in direct relation, it appears, with the fever.

The facts that bear on the relation of the splenic enlargement to syphilis and rickets are summed up as follows: Syphilis is occasionally, and rickets frequently, associated with splenic anæmia, but in neither case is the association constant. Neither of them is the sole cause, and they are probably not causes at all, except perhaps, indirectly, by means of the ill-health to which either leads.

As to the relation between the anæmia and the splenic enlargement, three possible alternatives are suggested: 1. The enlarged spleen may be the cause of the anæmia. 2. The anæmia may be the cause of the enlarged spleen. 3. Both the anæmia and the splenic enlargement may be joint results of some common cause. To the first two there are very strong objections. Hence, if neither be correct, it would seem to follow that the third explanation must be the true one, that both conditions depend upon some common cause. It may be, as is held by some, that any condition of health serious enough to lead to profound anæmia in infancy may be associated with splenic enlargement. If this be the case it ought to follow that when health is restored the splenic enlargement should disappear. This, the author thinks, is too sweeping a view of the subject, and concludes that if there be a common cause we do not as yet know what it is.

A Case of Suppression of Urine Apparently Due to Ascaris Lumbricoides.—VANDER BOGERT (*Archives of Pediatrics*, October, 1900, p. 747) reports the case of a girl, aged five years, admitted to the hospital with a history of not having passed urine for nineteen hours. The child had never been healthy, having always had intestinal troubles and difficulty in micturition. Four days before admission she complained of severe pain in the abdomen, which caused her to lie with the thighs flexed. The bowels moved with difficulty, and the abdomen was tender to pressure. Examination upon admission failed to show any abnormal condition except that the temperature was 101.2° F., the pulse 120, and respirations 48. The bladder was apparently empty, but urine was passed soon after admission. The evening temperature continued to be elevated, and on the eighth day reached 103.4° F. At this time the throat was inflamed and, consequently, a dose of antitoxin was given, since cases of diphtheria had been occurring in the ward. After this the temperature gradually fell to normal, and so remained. In the two weeks following admission the daily amount of urine never exceeded nine ounces, and only twice did it reach that amount. On the fifteenth day the quantity suddenly increased to thirteen ounces, and a round worm, 27 cm. long, was passed by the bowels. From this time the daily amount of urine averaged fifteen ounces, with much lost.

Frequent examinations of the urine always gave negative results, and at no time were symptoms of suppression of urine present. Eggs of the ascaris lumbricoides were found in the stools on one occasion, two days after passage of the worm, and four days later eggs of the tricocephalus dispar were also observed. Treatment with calomel and santonin produced no results.

Researches on the Thymus Gland.—KATZ (*Le Progrès Médical,* June 23, 1900) reports a series of sixty-one observations made at the request of Bourneville at the Hôpital des Enfants Malades, upon mentally sound children dying from various diseases. The age of the subjects varied from one month to thirteen years, forty-one being under two years of age. The gland was present in every case, which is of great interest, since Bourneville's statistics of its presence in imbecile, idiotic, epileptic, and mentally deficient children showed that no trace of its presence could be found in twenty-five of his twenty-eight cases. In the majority of cases the gland was reddish-gray in color, in seven dark red. Thirteen of the cases died of diphtheria, and in every case the thymus weighed more than the usually assigned average weight of 1½ to 4 grammes, in one case reaching a weight of 18 grammes. This increase of weight in cases of diphtheria would seem to be more than coincidental. Indeed, the variability of weight of the gland in the whole series was not in accord with the usual statement of authorities. Thus in 20 cases from one to five months old, the weight was 11 grammes: in 25 cases from five months to two years old, it was 6 grammes; and in 18 cases over two years, it was 8 grammes. Bourneville's further studies on mentally abnormal children have shown the gland to be present in only 27 per cent. of 292 cases. It thus seems evident that the gland disappears earlier in abnormal children than in the normal ones.

Typhoid Fever Without Intestinal Lesions in an Infant.—BRYANT (*BritishMedical Journal,* 1899, ii. p. 776) reports the youngest instance of this unusual condition so far reported. The patient was a baby one year and nine months old, who was brought into the hospital for a persistent diarrhœa. The child was greatly emaciated, the abdomen distended and hard, the spleen enlarged; there was a focus of bronchopneumonia on the right lung, the pulse was 136, and the temperature moderately high. On the following day the diarrhœa became more aggravated, and vomiting began, withsteady loss of strength, and death on the twenty-second day. A Widal test made on the last day of life gave a strong reaction at the end of two minutes.

At the autopsy foci of recent bronchopneumonia were found in the lungs, but the intestines were absolutely healthy, except for marked swelling and softening of the mesenteric ganglia. Numerous cultures were made from these hypertrophied glands, and bacilli were obtained which gave both the positive and negative reactions of Eberth's bacillus.